

<input type="checkbox"/> <b>SUMMONS FOR DEFENDANT</b>	<b>DOCKET NUMBER</b> [REDACTED]	<b>Trial Court of Massachusetts District Court Department</b>
SESSION: <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> JURY <input type="checkbox"/> MAGISTRATE HEARING		NAME AND ADDRESS OF COURT DIVISION
NAME OF CASE  <b>COMMONWEALTH vs. [REDACTED]</b>		<b>Malden District Court 89 Summer Street Malden, MA 02148</b>
NAME, ADDRESS AND ZIP CODE OF WITNESS		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
<b>MS. KATE CORBETT % DEPARTMENT OF PUBLIC HEALTH HINTON STATE LABORATORY 305 SOUTH STREET JAMAICA PLAIN, MA 02130</b>		DATE AND TIME OF APPEARANCE  <b>MARCH 23, 2010 8:45 A.M.</b>
		OFFENSE(S)  <b>Possession of a Class A Drug M.G.L. ch. 94C s. 34</b>

**TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH**

You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.

NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

To the above named  Defendant  Witness:

You are hereby ordered to appear in this Court on the appearance date noted above:

- To answer to a criminal complaint charging with the offenses listed above.
- To give evidence and testify on the behalf of the  Commonwealth  Defendant in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you any and all records made in the course of testing the seized substances in this matter, identified by Lab [REDACTED]

**Please contact ADA Steven A. McKenna at 781-897-8654 upon receipt of this document. Thank you.**

DATE OF ISSUE December 30, 2009	DISTRICT ATTORNEY, MIDDLESEX COUNTY <b>Gerard T. Leone Jr.</b>
------------------------------------	---

**RETURN OF SERVICE**

I hereby certify that I served the within summons upon the above named  Defendant  Witness by

- Delivering a copy of it personally to the defendant or witness.
- Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.
- Mailing a copy of it to the last known address of the defendant or witness.
- I received the summons on \_\_\_\_\_ but was unable to make service because: \_\_\_\_\_

**DATE RECEIVED**

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE
-----------------	------------------------------------	--------------------------------

**WARNING TO DEFENDANT OR WITNESS:**

**Failure To Appear In Accordance With This Summons May Result In The Issuance Of A Warrant For Your Arrest.  
Please Bring This Document With You To Court.**

**Atencion:**

**Esta Es Una Notificación Oficial De La Corte. Si Usted No Sabe Leer Inglés, Obtenga Traducción!**

- Original Copy
- Return of Service